

Student Evaluation Summary for Nurse Delegation Self-Study

Class Start Date:

Business Name:

Instructor:

Number of Students:

Number of Evaluations turned in:

- ► **Instructions:** Add up the total number of students who rated a particular score in each item below. Write the total to the right of the appropriate number.

Rating the Class Subject Matter

	Poor		Fair		Great
Chapter 1 – Nurse Delegation Law	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Chapter 2 – Client Care and Body Systems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Chapter 3 – Medication Administration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Chapter 4 – Treatments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Chapter 5 – Practice Exam/Course Summary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Overall course

	Poor		Fair		Great
How easy did you find learning using this style of class (workbook vs. classroom instructor)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
How would you rate the overall quality of the course?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Instructor

How clear was the instructor in getting you started with the materials?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
How would you rate your instructor's availability in answering any questions you had during the course?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Test

How would you rate the place you took the test in terms of offering you a quiet space with no distractions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
How would you rate the test, did the test cover the contents of the course?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

► ► **Instructions:** summarize what the students wrote in the comment section of the evaluation. It is not necessary to write what the students wrote verbatim. Include information you feel would be helpful to pass along.

Was there anything about where you took the test that made it hard for you to take it?

No ____ Yes ____ (explain)

Is there anything else you would like to pass along about this course, instructor or where you took the test?

Send this student evaluation summary to:

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